GoldCrest Bank

Account Opening Application

Effective July 16, 2026

Applicant Information

Full Legal Name: _____

Social Security Number / ITIN: _____

Date of Birth: _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Employment Status: _____

Employer Name: _____

Account Selection

[ ] Everyday Checking [ ] Premier Checking [ ] Student Checking [ ] Secure Checking

[ ] High-Yield Savings [ ] Premier Savings [ ] Goal Savings [ ] Certificate of Deposit

Initial Deposit Amount: _____

Funding Method: [ ] Cash [ ] Check [ ] Transfer from another account

Joint Applicant (if applicable)

Full Legal Name: _____

Social Security Number / ITIN: _____

Date of Birth: _____

Relationship to Primary Applicant: _____

Signatures

Applicant Signature: _____

Date: _____

Joint Applicant Signature: _____

Date: _____

This form is provided for account servicing purposes only and does not constitute a binding agreement until signed and accepted by GoldCrest Bank. Member FDIC. Equal Housing Lender.